



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
TOLLESON		JIM		545-4300, X318
MAILING ADDRESS (Street)			FAX	
1132 BISHOP ST., STE. 402			545-4369	
(City)		(State)	(Zip Code)	
Honolulu		HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
THE CHAMBER OF COMMERCE OF HAWAII			545-4300
MAILING ADDRESS (Street)			FAX
1132 BISHOP ST., STE. 402			545-4369
(City)		(State)	(Zip Code)
Honolulu		HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
GERALDINE LEE			545-4300
MAILING ADDRESS (Street)			FAX
1132 BISHOP ST., STE. 402			545-4369
(City)		(State)	(Zip Code)
Honolulu		HI	96813

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation

Health

Planning, Land & Water  
Use Management

Other: (Indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

CHAMBER OF COMMERCE OF HAWAII

NAME OF ORGANIZATION (if applicable)

TELEPHONE

1132 BISHOP ST, STE 402

8545-4300

MAILING ADDRESS (Street)

FAX

Honolulu

HI

96813

545-4069

(City)

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

(Signature of Authorizing Officer or Person Represented)

(Date)